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**\*\* CONTINUING DATA \*\*\*\*\*** SK

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** SKL  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
04/23/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>SK</u> Examiner's Signature <u>SKL</u> Initials				

**ADDRESS**  
25297

**TITLE**  
Methods for the diagnosis and treatment of epilepsy

<b>FILING FEE RECEIVED</b> 640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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